

HIGH RISK MATERNITY CASE MANAGEMENT REFERRAL FORM

DATE REFERRED: _____
(for MCHP clients only)

REFERRED BY: _____ EGA: _____
(Must be provided)

PID

MEDICAL RISKS FACTORS

- ☐ Multiple active sexually transmitted disease: Syphilis, G.C., Herpes, Chlamydia, AIDS, with current pregnancy
- ☐ Recurrent UTI (≥ 2 with current pregnancy)
- ☐ Pyelonephritis this pregnancy
- ☐ Diabetes
- ☐ Severe Anemia ($< 30\%$)
- ☐ Chronic conditions: Renal Disease, Hypertension, Seizure Disorder, Cardiac Disease, Blood disorders, etc.
- ☐ Other _____

NUTRITIONAL RISK FACTORS

- ☐ < 100 lbs. before pregnancy and nutritionally low weight for height
- ☐ Failure to gain weight during 2nd/3rd trimester (< 2 lbs/month)
- ☐ Excessive weight loss first trimester (6 or more lbs.)

SUBSTANCE ABUSE RISK FACTORS

- ☐ Cigarettes > 10 cigarettes/day
- ☐ Alcohol
- ☐ Heroin
- ☐ Cocaine/Crack
- ☐ Amphetamines/Crystal
- ☐ Marijuana
- ☐ Methadone Maintenance
- ☐ Other (Substance) _____

DISPOSITION BY CASE MANAGED SERVICES:

ASSIGNED PRIMARY Family case manager: _____

- ☐ Services being provided as requested beginning _____
- ☐ Does not meet program criteria.
- ☐ Caseload full. Request will be placed on a waiting list and opened to case management as soon as an opening is available.
- ☐ Case closed as of _____ Reason: _____
- ☐ Other _____

PSYCHO-SOCIAL RISK FACTORS

- ☐ History of CPS referrals or potential for child abuse or neglect
- ☐ History of chronic or severe depression or mental illness
- ☐ Currently experiencing physical abuse at home
- ☐ Chronic OB appointment failures
(2 or more consecutive appointments failed)
- ☐ Homeless
- ☐ < 17 years old
- ☐ African American
- ☐ Other _____

OB RISK FACTORS

- ☐ Previous premature baby/labor
- ☐ Have or had incompetent cervix/cervix operation
- ☐ Uterine Anomaly
- ☐ Multiple gestation
- ☐ Premature labor this pregnancy
- ☐ Pregnancy-induced Hypertension/Pre-Eclampsia
- ☐ Documented fetal growth retardation
- ☐ Two (2) or more 2nd trimester miscarriages and no term pregnancies since
- ☐ Placenta previa
- ☐ Polyhydramnios or oligohydramnios
- ☐ ≥ 35 years old
- ☐ Other _____

Note: All pregnancies must be < 37 weeks gestation and meet one of the above High Risk Maternity Case Management criteria.

WHITE: Family Case Manager

CANARY: Medical Record